

Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. RICHARDSON. Mr. Chairman, there is no a way to vote for this amendment and claim that you are in favor of public broadcasting.

Public broadcasting has the overwhelming support of the America people. In fact a recent Roper poll placed public television third on a list of excellent values for tax dollars.

Funds for the Corporation for Public Broadcasting are forward funded so stations can raise the matching funds that are required in order to receive matching grants.

Forward funding has no bearing on how much the CPB is funded. Even with forward funding intact CPB's 1996 appropriation was reduced by \$37 million. That is an 11 percent cut from original funding.

I understand that in times of tight Federal budgets, each program must be willing to take some cuts and the CPB has taken its share. May I remind my colleagues that public broadcasting stations have already taken a 25 percent or \$92 million cut. Public television stations have implemented many cost-saving initiatives in order to tighten their belts during these fiscally tough times.

Mr. Chairman, I urge my colleagues to oppose the Hoekstra amendment.

TRIBUTE TO DEPUTY FRANK TREJO

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Ms. WOOLSEY. Mr. Speaker, I rise today to pay tribute to Sonoma County Sheriff Deputy Frank Trejo, who lost his life in the line of duty. In March 1995, Sonoma County Sheriff's Deputy Frank Trejo made a supreme sacrifice while serving of the community of Sebastopol, CA, which is located within the congressional district I am privileged to represent. Deputy Trejo was far more than a deputy. He was a dedicated peace officer who deeply cared about people, and in turn was well respected by the entire community. Deputy Trejo joined the Sonoma County Sheriff's Department in 1980 and served Sebastopol area residents on the graveyard shift for the last 4 years. Deputy Trejo was a devoted family man who loved his job. His tranquil and sincere manner of performing his job was admired by all of his colleagues, and is already missed in the department. Without a doubt, the tragic loss of Deputy Trejo will resonate in the community for many years to come.

I commend the Latino Peace Officers Association of Sonoma County for establishing a memorial scholarship in his honor. The scholarship, called "Forever and a Day," will be announced and celebrated on August 19, 1995, and will continue to provide scholarships for Latino students interested in law enforcement. The Sonoma County chapter of the Latino Peace Officers Association, started only 4 years ago, is part of a national organization whose goals are to encourage Latinos to enter into law enforcement professions, to provide scholarships for these candidates, and to work with our youth to prevent crime and provide alternatives to gang association.

Mr. Speaker, Deputy Trejo was a superb example of the excellence and dedication of our Sonoma County Sheriff Deputies who are on the front line everyday fighting to help make our communities a safer place to live. It is appropriate that we offer sincere thanks to the Sonoma County Latino Peace Officers Association for their dedication and commitment to the community and for establishing this fine memorial scholarship entitled "Forever and a Day" in memory of Frank Trejo.

PRAYER FOR KEN SCHWARTZ

HON. JOHN M. SPRATT, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Mr. SPRATT. Mr. Speaker, the Boston Globe published an extremely moving article by a courageous young Boston attorney, Ken Schwartz, who recently contracted lung cancer. I would like to share an abridged version of this article with my colleagues. As he battles this dreadful disease, Mr. Schwartz recounts the many acts of kindness displayed by this nurses, physicians, and doctors. Mr. Schwartz explains that "these acts of kindness—have made the unbearable bearable." Reading the article, I was struck by the courage and perseverance Mr. Schwartz displays as he fights the illness. Despite the odds, Mr. Schwartz shows a tenacity and bravery I found inspiring. I was also moved by the kindness exhibited by Mr. Schwartz's caregivers and the importance of these acts in helping sustain Mr. Schwartz. Too often, we take for granted the special efforts of health professionals who give of themselves every day to save lives and cure the sick. I know that every Member of the House join me in praying for Mr. Schwartz's complete recovery.

[From the Boston Globe]

A PATIENT'S STORY

[By Kenneth B. Schwartz]

Until last fall, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when at age 40 I was diagnosed with advanced lung cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness—the simple human touch from my caregivers—have made the unbearable bearable.

During September and October of 1994, I made several visits to the outpatient clinic of a Boston teaching hospital for treatment of a persistent cough, low-grade fever, malaise, and weakness. The nurse practitioner diagnosed me as having atypical pneumonia and prescribed an antibiotic. Despite continued abnormal blood counts, she assured me that I had a post-viral infection and didn't need an appointment with my physician until mid-November, if then. By mid-October, I felt so bad that I decided I could not wait until November 11 to be seen. Disappointed with the inaccessibility of my

physician, I decided to seek care elsewhere, with the hope that a new doctor might be more responsive.

My brother, a physician who had trained at Massachusetts General Hospital, arranged for an immediate appointment with Dr. Jose Vega, an experienced internist affiliated with MGH. Dr. Vega spent an hour with me and ordered tests, including a chest X-ray. He called within hours to say he was concerned by the results, which showed a "mass" in my right lung, and he ordered a computerized tomography scan for more detail. I remember leaving my office for home, saying quickly to my secretary, Sharyn Wallace, "I think I may have a serious medical problem." Indeed, the CT scan confirmed abnormal developments in my right lung and chest nodes.

The next day, Dr. Vega, assuring me that he would continue to be available to me whenever I needed him, referred me to Dr. Thomas Lynch, a 34-year-old MGH oncologist specializing in lung cancer. Dr. Lynch, who seems driven by the ferocity of the disease he sees every day, told me that I had lung cancer, lymphoma, or some rare lung infection, although it was most likely lung cancer.

My family and I were terrified. For the next several months, my blood pressure, which used to be a normal 124 over 78, went to 150 over 100, and my heart rate, which used to be a low 48, ran around 100.

Within 72 hours of seeing Dr. Lynch, I was scheduled for a bronchoscopy and a mediastinoscopy, exploratory surgical procedures to confirm whether I indeed had lung cancer. Until this point, I had thought that I was at low risk for cancer: I was relatively young, I did not smoke (although I had smoked about a cigarette a day in college and in law school and for several years after that), I worked out every day, and I avoided fatty foods.

The day before surgery, I was scheduled to have a series of tests. The presurgery area of the hospital was mobbed, and the nurses seemed harried. Eventually, a nurse who was to conduct a presurgical interview called my name. Already apprehensive, I was breathing hard.

The nurse was cool and brusque, as if I were just another faceless patient. But once the interview began, and I told her that I had just learned that I probably had advanced lung cancer, she softened, took my hand, and asked how I was doing. We talked about my 2-year-old son, Ben, and she mentioned that her nephew was named Ben. By the end of our conversation, she was wiping tears from her eyes and saying that while she normally was not on the surgical floor, she would come see me before the surgery. Sure enough, the following day, while I was waiting to be wheeled into surgery, she came by, held my hand, and, with moist eyes, wished me luck.

This small gesture was powerful; my apprehension gave way to a much-needed moment of calm. Looking back, I realize that in a high-volume setting, the high-pressure atmosphere tends to stifle a caregiver's inherent compassion and humanity. But the briefest pause in the frenetic pace can bring out the best in a caregiver and do much for a terrified patient.

The nurse left, and my apprehension mounted. An hour later, I was wheeled to surgery for a biopsy of the chest nodes and the mass in my lung. I was greeted by a resident in anesthesiology, Dr. Debra Reich, who took my pulse and blood pressure and said gently, "You're pretty nervous, huh?" She medicated me with tranquilizers, but that did not stop me from asking about where she lived, where she had trained, and whether she was married. I jokingly asked her how